



**Little River Band of Ottawa Indians
Housing Department
Mailing Address: 375 River Street
Office Location: 1762 US 31 South
Manistee MI 49660**

Transitional Housing Application

Please Read Carefully and answer all Questions Completely

The Little River Band of Ottawa Indians has a transitional housing unit in Manistee Michigan. There is a waiting list for all of our housing sites. Timeliness of selection depends on the availability of housing units.

We require that you update your application every three (3) months. If there are changes in address, income or family composition it needs to be reported immediately. The application will be filed inactive and removed from the waiting list if it is not updated.

The application must be complete before it will be considered for selection. All questions must be answered.

Items that you will need to complete your application:

- ☐ ☐ Social Security Cards for all household members
- ☐ ☐ Updated Tribal cards for all Tribal Members
- ☐ ☐ Drivers licenses for each family member eighteen years of age or older.
- ☐ ☐ Income Verification: (Wages, FIP, Social Security, Child Support, G.A., etc.)

When a home is available, the Housing Department reviews the completed applications for that site and bedroom size. Tenant selection is based on the following criteria.

- ☐ ☐ The need for housing
- ☐ ☐ Tribal Membership of head of household or minor child (ren)
- ☐ ☐ Documented Native American Heritage
- ☐ ☐ Satisfactory Criminal Records check
- ☐ ☐ All situations being equal, the date of application will be used as a deciding factor

If you have any questions or need assistance completing the application you may contact the Housing Department Toll Free 1.888.723.8288. Please return your application along with supporting documentation to the address above.

Transitional Housing Application

Received by _____

Please print clearly

Date _____

| | |
|---------------------|-------------------|
| Applicant Name | |
| Current Address | |
| City, State & Zip | |
| Home Phone Number | Work Phone Number |
| Place of Employment | |
| Co Applicant Name | |
| Current Address | |
| City, State & Zip | |
| Home Phone Number | Work Phone Number |
| Place of Employment | |

Household composition: List the Head of Household and all other family members who will reside in the home:

| Name | Relationship | Date of Birth | Sex | Social Security Number | Tribal Status & Membership Number |
|------|-------------------|---------------|-----|------------------------|-----------------------------------|
| | Head of Household | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

Will all children listed above be residing with you in the home? _____

Is there an absent parent? If yes, please give the absent parent (s) name and address:

Do you expect the absent parent to live in the home? If yes, when? _____

How long have you lived at your previous address? _____

How many people live in your home now? _____

Are you being evicted? _____

If yes, please explain in detail.

If “yes” you must provide a copy of the eviction notice.

What was your previous monthly rent amount? _____

Are you now or have you ever lived in government-subsidized housing?
(Section 8, Section 236, Section 221 9d) (3), Farmers Home Administration subsidized
housing) _____ If yes, when and where

Have you ever committed fraud in any Federally subsidized housing program or been
requested to repay money for knowingly misrepresenting information for such housing
programs? _____ If yes, please explain.

Have you been (or are you about to be) displaced from your housing? If yes, please explain
the reason:

Which of the following best describes your current living conditions? *Check all that apply.*

☐ No place to live

☐ Evicted from Last Unit

☐ Living in substandard Housing

☐ Other _____

Have you ever resided in a LRB Housing Department unit? ☐ Yes ☐ No

Do you owe the LRB Housing Department any money in
conjunction with a former residency in one of our

Units or programs?

☐ Yes ☐ NO ☐ Not Sure

Please list your previous addresses for the past five (5) years starting with the most current:

1. _____ From: _____ To: _____

2. _____ From: _____ To: _____

3. _____ From: _____ To: _____

4. _____ From: _____ To: _____

5. _____ From: _____ To: _____

List Names, addresses and Phone Numbers of two relatives or friends who generally know
how to contact you:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____

Relationship: _____

Phone: _____

How many vehicles do you own? _____

1.) Make: _____ Year: _____

2.) Make: _____ Year: _____

Has any household member ever been convicted of any crime other than traffic violations?

☐ Yes ☐ No

a. If yes, who? _____

b. When? _____

c. Where? _____

d. What was the conviction? _____

Do you or any household member have any current legal proceedings pending? If yes, Please explain:

Has any household member ever used any name(s) for Social Security number other than the one currently being used? If yes, who and what name? (this would include maiden name or a name from a previous marriage)

Please Answer “yes” or “no” to each of the following questions. For each “yes” answer, please provide details.

| | Applicant | Other | Name(s) |
|---|-----------|-------|---------|
| Is any member of your household employed full time, part time or seasonally? | _____ | _____ | _____ |
| Does any member of your household expect to work for any period during the next twelve months? | _____ | _____ | _____ |
| Does any member of your household work for someone who pays them cash? | _____ | _____ | _____ |
| Is any member of your household on leave of absence from work due to lay off, medical, or military leave? | _____ | _____ | _____ |
| Does any member of your household now receive, or expect to receive unemployment benefits? | _____ | _____ | _____ |
| Does any member of your household now receive or expect to receive child support? | _____ | _____ | _____ |
| Does any member of your household now receive, or expect to receive welfare assistance? | _____ | _____ | _____ |
| Does any member of your household now receive, or expect to receive Social Security Benefits? | _____ | _____ | _____ |
| Does any member of your household now receive, or expect to receive income from a pension or annuity? | _____ | _____ | _____ |
| Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | _____ | _____ | _____ |
| Does any household member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property? | _____ | _____ | _____ |

If you have additional information that you would like to add to your application, please use an additional sheet.

I understand that the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for housing programs. I further understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge, and I understand that my selection for Tribal Housing may be contingent upon the Tribe being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me can result in my eviction from any dwelling unit obtained from the Housing Authority and possible prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

APPLICANT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all information provided is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know that I am required to report immediately in writing any changes in the household size, when a person moves in or out of the home.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

COOPERATION

I know I am required to cooperate in supplying all information needed to verify my true circumstances. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand failure or refusal to do so may result in eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of tenancy.

Applicant Signature _____

Date _____

Co Applicant Signature _____

Date _____

Housing Authority Signature _____

Date _____

Director Signature _____

Date _____